

N180000008937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2018
T SCHROEDER

COVER LETTER.

TO: Charter Section
Division of Corporations

SUBJECT: Inspire to Rise, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Aida P. Seeraj, Founder & CEO

Contact Person

Inspire to Rise, Inc.

Firm/Company

4603 Silverthorn Drive

Address

Jacksonville, FL 32258

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida P. Seeraj, Founder & CEO

at (904) 701-2638

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

^
N/A

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. ~~607.1115~~ ⁶¹⁷, Florida Statutes.

1. The name of the ^{N/A} "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Inspire to Rise, LLC

LI8-94809

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 04/15/18

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Inspire to Rise, Inc.

Enter Name of Florida Profit Corporation

N/A

5. If not effective on the date of filing, enter the effective date: 08/19/2018

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA

Signed this 11th day of August, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Aida P. Seeraj Title: Founder & Chief Executive Officer

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Aida P. Seeraj Title: Founder & Chief Executive Officer

Signature: [Signature]

Printed Name: Michael P. Seeraj Title: Founder / Owner & CFO

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Inspire to Rise, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
4603 Silverthorn Drive

Jacksonville, FL 32258

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Inspire to Rise, Inc.'s mission is to inspire and empower children, families, and individuals to rise, overcome, and shine through most challenging moments in their life and become their best self. Inspire to Rise, Inc. will inspire others through community behavioral health services, parenting education, support services, the arts, and mentoring services. The focus is to implement innovative strategies to rebuild and sustain an improved quality of life in the community, focusing on strengthening families and on reversing the effects of trauma on an individual and/or family disintegration. Inspire to Rise, Inc. will work tirelessly today in our local community for a better tomorrow. The belief is Stronger Families = a Stronger Community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Outlined in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aida Seeraj, Founder & CEO

Address: 4603 Silverthorn Drive
Jacksonville, FL 32258

Name and Title: Marcela Kelley-Hansen, CPO for CW

Address: 11340 English Moss Lane
Jacksonville, FL 32257

Name and Title: _____

Address: _____

Name and Title: Michael Seeraj, Founder & CFO

Address: 4603 Silverthorn Drive
Jacksonville, FL 32258

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
FALL RIVER, MASSACHUSETTS
FLORIDA

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aida Seeraj, Founder & CEO
Address: 4603 Silverthorn Drive
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aida Seeraj, Founder & CEO
Address: 4603 Silverthorn Drive
Jacksonvill, FL 32258

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/19/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

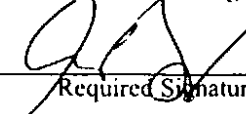
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

08/11/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

08/11/18
Date

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA